

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/936 488

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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10						
11						
12						
13						
14						
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16						
17		1				
18			1			
19				1		
20					1	
21						1
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29						
30			1			
31				1		
32					1	
33						1
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47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.				15		
TOTAL CLAIMS					16	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.				15		
TOTAL CLAIMS					16	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS